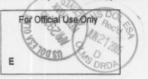
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

File Number U - 2/27	2. Fiscal Year Covered From: 1			
3. Name and address of person filing.				
Name William Towne	Name Amalgamated Northeast Regional Jt Bd			
	Labor Organization File Number 528-655			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any Street 33 West 14th Street			
Street 33 West 14th Street				
New York	City New York			
State New York ZIP Code + 4 10011	State New York ZIP Code +4 10011			
Position in labor organization. Manager				
nonetary value from an employer whose employees your organize	ation represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.			
nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ation represents or is actively seeking to represent.			
nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	ation represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
nonetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State New York ZIP Code + 4 10001	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.			
Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State New York ZIP Code +4 10001 Si 15. Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. 7.c. Amount.			
Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.			

					-
rme of Person Filling William Towne		File Number U-	421		
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	s			
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organiza b. Trust c. Employer	ation			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ing.			-
Name Amalgaated Bank	No stocks				
Trade Name, if any:					September 1
P.O. Box, Bldg., Room No., if any					Volumento de
Street 15 Union Square				A	Janean C
30000000000000000000000000000000000000	11.b. Approximate dollar value		<u> </u>	U	Sec.
· Hew Lul.x	12.a. Nature of interest hel				in the
State New York ZIP Code + 4 10003	\$11,600.00 in	Tees			Management of the Control of the Con
	12.b. Amount.			\$11,600	· ·
C. Received from any employer (other than an employer covered under	er parts A and B above)				_
or from any labor relations consultant to an employer any payment of money	or other thing of value.				_
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		· · · · · · · · · · · · · · · · · · ·		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
The state of the s					-

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State